

A RESOLUTION

BY PUBLIC SAFETY AND LEGAL  
ADMINISTRATION COMMITTEE

01- R-0412

**A RESOLUTION AUTHORIZING PAYMENT IN THE  
AMOUNT OF \$1,000.00 IN SETTLEMENT OF THE CLAIM  
OF TIZAZ S. WOLDU, THROUGH HIS ATTORNEY,  
WAYMEN SIMS AGAINST THE CITY OF ATLANTA AND  
FOR OTHER PURPOSES**

**WHEREAS, Tizaz S. Woldu, through his attorney, Waymen Sims** has filed a claim against the City of Atlanta seeking damages arising out of a collision between a vehicle operated by Corey T. Miller, an employee of the Department of Police and Mr. Woldu's building; and

**WHEREAS,** the collision occurred when the City employee lost control of the City vehicle and collided with the claimant's building; and

**WHEREAS,** the claimant has asserted damages in the amount of \$7,551.00, but has agreed to accept the sum of \$1,000.00 in full and complete satisfaction and settlement of his claim against the City of Atlanta; and

**WHEREAS,** the City Attorney has recommended that the claim of **Tizaz S. Woldu, through his attorney, Waymen Sims** be settled for the sum of \$1,000.00.

**WHEREAS,** this claim was previously denied by City Council on January 16, 2001.

**THEREFORE, BE IT RESOLVED** that the Council of the City of Atlanta, Georgia that resolution number 01-R-0017 be hereby rescinded and that \$1,000.00 be paid by the City of Atlanta in satisfaction of any and all claims **Tizaz S. Woldu, through his attorney, Waymen Sims** may have stemming from damages sustained as a result of a City vehicle striking his property on or about December 4, 1998 at 69 Mayson Avenue.

**BE IT FURTHER RESOLVED** that the Chief Financial Officer be and hereby authorized to pay the above mentioned sum from account number 1A01/529017/T31001.

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0340

Date: February 21, 2001

Claimant /Victim TIZAZ S. WOLDU
BY: (Atty) Waymen Sims
Address: 434 Flat Shoals Avenue, Atlanta, Georgia 30316
Subrogation: Claim for Property damage \$ 7,551.00 Bodily Injury \$
Date of Notice: 05/25/99 Method: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 12/04/98 Place: 69 Mayson Avenue
Department: Police Division:
Employee involved Corey T. Miller Disciplinary Action: One Day Suspension

NATURE OF CLAIM: The driver of the City vehicle lost control of same and collided with the claimant's building causing damages in the above amount.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police X Dept Report Other
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial
Improper Notice More than Six Months Other Damages reasonable
City not involved Offer rejected Compromise settlement X
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent X Joint Claim Abandoned

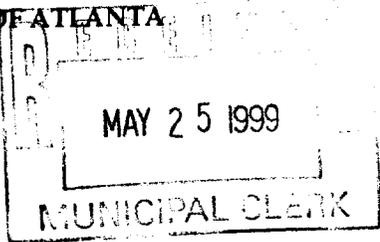
Respectfully submitted,

INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 1,000.00 Adverse Account charged: 1A01 X 2J01 2H01
Claims Manager: Concur/date
Committee Action: Council Action

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335



RE: CLAIM FOR DAMAGES

Jordan  
05/26/99  
*[Signature]*

Today's Date: \_\_\_\_\_  
ENTERED - 5-27-99 - SB  
99L0340 - DOBBS JORDAN  
05-25-99P05:23 RCVD

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 7551.00 property and/or \$ 300.00 bodily injury for which I contend the City is liable.

1. Date of incident: 12-4-1998 2. Time of Incident: 19:16 3. Police called:  Yes  No  
(month/day/year)

4. Location of incident (including street address): 69 MAYSON Ave ATLANTA GA 30317

5. Name of your insurance company: ~~AKI SUPREMA~~ MONTICELLO INC. Co. Policy No. MCK-257331

6. State what and how incident occurred: police. Vehicle. Crashed. into my Building And. Caused property damage

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: \_\_\_\_\_  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Corey T. Miller 675 Ponce de Leon Ave (404) 371-5002  
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant: *[Signature]*

TIZAZ S. WOLDU  
(Print Claimant's Name)

69 MAYSON Ave  
(Address)

ATLANTA GA 30316  
(City, State and Zip Code)

(404) 522-3304  
(Work Number) (Home Number)

Waymen Sims attorney  
(404) 585-9752  
434 FLAT Shoals Ave  
Atlanta, GA  
30316

